

<b>Case Number:</b>	CM13-0071445		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 53-year-old female with a 1/23/13 date of injury, and status post left knee arthroscopy with excision of plica, trimming of tear of the medial meniscus, and chondroplasty of the medial femoral condyle 10/16/13. At the time (11/27/13) of request for authorization for Axid 300 mg #60, there is documentation of subjective (more pain at lumbar spine, and left knee pain) and objective (left knee limited range of motion) findings, current diagnoses (cervical pain, thoracic pain, shoulder pain, and back pain), and treatment to date (physical therapy, activity modification, and medications (including Norco, Zanaflex, and Axid)). There is no documentation of risk for gastrointestinal event, dyspepsia secondary to Non-Steroidal Anti-Inflammatory Drugs (NSAID) therapy, and/or a condition/diagnosis for which Axid (nizatidine) is indicated (active duodenal ulcer (DU) and benign gastric ulcer (GU) for up to 8 weeks; maintenance therapy for DU after healing of an active DU; treatment of endoscopically diagnosed esophagitis, including erosive and ulcerative esophagitis, and heartburn due to gastroesophageal reflux disease (GERD) for up to 12 weeks; and treatment of endoscopically diagnosed esophagitis, including erosive and ulcerative esophagitis).

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**AXID 300 MG # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (GI) Symptoms And Cardiovascular Risk, page 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (GI) Symptoms And Cardiovascular.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, Gastrointestinal (GI) bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of dyspepsia secondary to Non-Steroidal Anti-Inflammatory Drugs (NSAID) therapy as criteria necessary to support the medical necessity of an H2-receptor antagonist. Medical Treatment Guideline identified that Axid (nizatidine) it is indicated for the treatment of active duodenal ulcer (DU) and benign gastric ulcer (GU) for up to 8 weeks; maintenance therapy for DU after healing of an active DU; treatment of endoscopically diagnosed esophagitis, including erosive and ulcerative esophagitis, and heartburn due to gastroesophageal reflux disease (GERD) for up to 12 weeks; and treatment of endoscopically diagnosed esophagitis, including erosive and ulcerative esophagitis. Within the medical information available for review, there is documentation of diagnoses of cervical pain, thoracic pain, shoulder pain, and back pain. However, there is no documentation of risk for gastrointestinal event, dyspepsia secondary to NSAID therapy, and/or a condition/diagnosis for which Axid (nizatidine) is indicated (active duodenal ulcer (DU) and benign gastric ulcer (GU) for up to 8 weeks; maintenance therapy for DU after healing of an active DU; treatment of endoscopically diagnosed esophagitis, including erosive and ulcerative esophagitis, and heartburn due to gastroesophageal reflux disease (GERD) for up to 12 weeks; and treatment of endoscopically diagnosed esophagitis, including erosive and ulcerative esophagitis). Therefore, based on guidelines and a review of the evidence, the request for Axid 300 mg #60 is not medically necessary.